



STUDENT RECORDS RELEASE REQUEST

I GIVE Navarro College permission to release the following records to the person(s) listed below:

____ All academic records at Navarro College

____ Other

List: _____

The information indicated above may be released to:

Name(s) _____

Company _____

Address(es) _____

Student Name Printed

Social Security Number or Student ID Number

Student Signature

Date

*This form does not affect access to student directory information. Directory information is available to all persons unless specifically restricted by the student.

State of Texas
County of Navarro

Before me, the undersigned Notary Public, on this day personally appeared _____ known to me, who being by me duly sworn upon his/her oath.

In witness whereof, this _____ day of _____,

Notary Public in and for the State of Texas

Printed Name